02974

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6204 old Wash Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) 6204 old Wash Rd

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) (Last) Baldwin

4. DATE OF DEATH (Month) Mch (Day) 25 (Year) 1953

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Oct. 20, 1867 | 9. AGE last birthday 85 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Elkridge Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Coates | 14. MOTHER'S MAIDEN NAME Ann Summerfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT AND ADDRESS Mrs Elise Harthe, 6204 old Wash Rd Elkridge 27 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Pernicious Anemia — 6 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Myocarditis — 1 mo

(c) General arteriosclerosis — 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — 5 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to Mch 25, 1953, that I last saw the deceased alive on Mch 24, 1953, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh | ADDRESS 5600 main St Elkridge 27 Md | DATE SIGNED 3/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/28/53 | NAME OF CEMETERY OR CREMATORY Elkridge Epis. Ch. Cem. | LOCATION (City, town, or county) Elkridge, Md. (State)

DATE REC'D BY LOCAL REG. 3/26/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons | ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02975

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella
STREET ADDRESS (If rural, give location) 128 Pleasant Hill

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Lee (Last) Ball
4. DATE OF DEATH (Month) March (Day) 9. (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Aug 12, 1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired textile worker
10b. KIND OF BUSINESS OR INDUSTRY Textile
11. BIRTHPLACE (State or foreign country) Howard County
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Stephen Ball
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-09-6299
17. INFORMANT AND ADDRESS Franklin Ball, Oella, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	2 days
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	2 years
	(c) Generalized arteriosclerosis	2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with arteriosclerosis — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 1953, to Mar 9, 1953, that I last saw the deceased alive on March 9, 1953, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irving J. Taylor M.D.
ADDRESS Pinel Clinic, Ellicott City, Md.
DATE SIGNED Mar 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-11-53
NAME OF CEMETERY OR CREMATORY Good Shepherd
LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REG. March 10, 1953
REGISTRAR'S SIGNATURE John B. Loughran Per B.E.L.
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1

RECEIVED
MAR 16 1953
BUREAU V. S.

Item 18 Film G152 3-26-53 ams

02976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup — LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterloo Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) May (Last) Brandt
4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 22, 1870
9. AGE last birthday: 82 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Stephen W. Owens
14. MOTHER'S MAIDEN NAME: Anna Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Edgar Henson, Jessup, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

33/X Immediate cause (a) (2) Cerebral Haemorrhage — 3 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) (1) Fracture L hip - Accidental fall at home — 3 mos.
(c) Hypertension — 2 yrs.
(904.0)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec. - 1952
19b. MAJOR FINDINGS OF OPERATION: Fracture L hip
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1st, 1952, to Mar. 13, 1953, that I last saw the deceased alive on Mar. 13th, 1953, and that death occurred at 10.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mark Shipley, M.D. — ADDRESS Savage, Md. — DATE SIGNED 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/16/53 — NAME OF CEMETERY OR CREMATORY: Rose Hill — LOCATION (City, town, or county): Hagerstown — (State): Md.

DATE REC'D BY LOCAL REG. 3/13/53 — REGISTRAR'S SIGNATURE: Mark Shipley

24. FUNERAL DIRECTOR: A.K. Kaufman — ADDRESS: Hagerstown, Md.

RECEIVED
MAR 17 1953
BUREAU V. S

02977

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAVAGE
LENGTH OF STAY (In this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS PATTERSON LANE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAVAGE
STREET ADDRESS (If rural give location) PATTERSON LANE

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) ARCHIE (Last) LAING

4. DATE OF DEATH (Month) (Day) (Year) 3-1-53 19

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER
8. DATE OF BIRTH FEB. 17, 1899
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY SAVAGE MILL
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME Joseph Wm Laing
14. MOTHER'S MAIDEN NAME Eliza J. ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-01-7743
17. INFORMANT Mrs Thelma Carr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X Immediate cause (a) Shotgun wound of head — INTERVAL BETWEEN ONSET AND DEATH: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Savage (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 3 1 53 10 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? while sitting on edge of bed. Shot self with shotgun in right ear.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE George E. Huntoff (Degree or title) M.D. ADDRESS Elliott City, Md. DATE SIGNED 3-1-53
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-3-52
NAME OF CEMETERY OR CREMATORY Savage Cemty
LOCATION (City, town, or county) Savage (State)

DATE REC'D BY LOCAL REG. 3/3/53.
REGISTRAR'S SIGNATURE Mark Shipley
24. FUNERAL DIRECTOR Hettie Donaldson ADDRESS Laurel Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 6 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS Art 1

MARYLAND STATE DEPARTMENT OF HEALTH

02978

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City, — LENGTH OF STAY (in this place): 58 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: College Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): College Avenue

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) REBECCA (Last) MILLER
4. DATE OF DEATH: (Month) (Day) (Year) Mar. 10, 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1/15/1895
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: Philip Moore
14. MOTHER'S MAIDEN NAME: Eliza Grace
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-32-2045
17. INFORMANT AND ADDRESS: Walter A. Miller College Ave. Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Myocardial Infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/ , 1953, to 3/10 , 1953, that I last saw the deceased alive on 3/7 , 1953, and that death occurred at 9:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. C. Healy M.D. — ADDRESS: 1305 Francis Ave — DATE SIGNED: 3/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/14/53 — NAME OF CEMETERY OR CREMATORY: Good Shepherd Cemetery — LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: Jan. 14, 1953 — REGISTRAR'S SIGNATURE: John B. Langhman. Per. B. E. L. — 24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville, Md.

RECEIVED
MAR 19 1953
BUREAU V.I.S.

02979

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shafers Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) NANNIE (Middle) LUE (Last) OURSLER

4. DATE OF DEATH: (Month) 3-5-53 (Day) (Year) 19

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-23-1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: School Teacher
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Oursler
14. MOTHER'S MAIDEN NAME: Louisa Ehlers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Florence O'dell, Randallstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422.1
Immediate cause (a) Arteriosclerotic CV Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1953, to 3-5, 1953, that I last saw the deceased alive on 3/5, 1953, and that death occurred at 4.30A M, from the causes and on the date stated above.
SIGNATURE (Degree or title) Rose A. Kortmann, MD
ADDRESS Ellicott City, Md.
DATE SIGNED 3-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-7-53
NAME OF CEMETERY OR CREMATORY Wards Chapel
LOCATION (City, town, or county) (State) Randallstown, Md.

DATE REC'D BY LOCAL REGISTRAR 3-5-1953
REGISTRAR'S SIGNATURE John B. Loughran. Pu. B. E. L.
24. FUNERAL DIRECTOR Weer-Haight, Sykesville, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11 1953
BUREAU V. S.

02980

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Laurel | LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1 near Sunoco gas. Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Julian (Middle) Carr (Last) Parish

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED | 8. DATE OF BIRTH: 10-16-1911 | 9. AGE last birthday: 41 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GROOM
10b. KIND OF BUSINESS OR INDUSTRY: SALESMAN - AUTO
11. BIRTHPLACE (State or foreign country): ROUGEMONT N. C
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WM. LEE
14. MOTHER'S MAIDEN NAME: LILLIE LOCKHART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-05-5481
17. INFORMANT AND ADDRESS: Cards in Wallet

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

322.0

Immediate cause (a) Congestive Heart failure with edema — Interval between onset and death: not known

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute alcoholism — 2 days.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) George E. Burgtorf M.D. — ADDRESS Ellicott City, Md. — DATE SIGNED 3-21-53
Deputy Medical Examiner - Howard Co.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 3/24/53 | NAME OF CEMETERY OR CREMATORY BLANFORD | LOCATION (City, town, or county) PETERSBURG (State) VA

DATE REC'D BY LOCAL REG. 3/25/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Wm Cook Funeral Mansion — ADDRESS 217 S. Pal St.

VS-MDA

02981

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 343 Montgomery Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge (Rural)
STREET ADDRESS (If rural, give location) Montgomery Rd

3. NAME OF DECEASED (Type or Print) (First) Ashby (Middle) Jordan (Last) Pattie

4. DATE OF DEATH (Month) Mch (Day) 20 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 17-1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Merchandise
11. BIRTHPLACE (State or foreign country) Mt Jackson Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alpheus Pattie
14. MOTHER'S MAIDEN NAME Eliza Coombs (Combs)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 218-10-7649
17. INFORMANT AND ADDRESS Mr Kenneth Pattie Box 343 Montgomery Elkridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Apoplexy with — INTERVAL BETWEEN ONSET AND DEATH: Mch 16/53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cept Hemiplegia — "

(c) Chr Myocarditis — 2 yrs; Hypertension — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Mch 20, 1953, that I last saw the deceased alive on 3/20/, 1953, and that death occurred at 3:53 p.m., from the causes and on the date stated above.

SIGNATURE Dr B B Brumbaugh (Degree or title) ADDRESS 5609 Main St. Elkridge 27 Md DATE SIGNED 3/20/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/23/53
NAME OF CEMETERY OR CREMATORY Lorraine Park
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. March 23, 1953
REGISTRAR'S SIGNATURE (Miss) E. Kind Williams
24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1953
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02982

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) North Laurel — LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Laurel R. F. D
STREET ADDRESS (If rural, give location) North Laurel

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) WALTER (Last) WATERS

4. DATE OF DEATH: (Month) Mar (Day) 30 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Widowed	Oct 9 1873	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Operated Barber Shop
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Waters
14. MOTHER'S MAIDEN NAME: Ellen Ridgley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mary Lou Mackall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
442X Immediate cause	(a) Hypertensive Cardiovascular Di	10 yrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis	20 yrs
DUE TO		
	(c) Chronic Nephritis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/31, 19[illegible], to 3/30, 1953, that I last saw the deceased alive on 3/30, 1953 and that death occurred at [illegible] p.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
E. M. Warren M.D. Laurel 3/31/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 2 1953	Bacons Cemetery	Near Laurel Md

DATE REC'D BY LOCAL REG. Apr 1 - 1953 — REGISTRAR'S SIGNATURE Frank S Ripley
24. FUNERAL DIRECTOR — ADDRESS: Ridgley Selby 401 Washington Laurel Md

VS. A15 8-52

RECEIVED
APR 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02983

193

CERTIFICATE OF DEATH

Reg. Dist. No. ~~239~~

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cooksville
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cooksville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Delbert (Middle) Ray Worley (Last) ~~WHORLEY~~

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 8 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 14, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Appomattox, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Cora Worley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Charles Worley, Cooksville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) acute cardiac failure	4 days
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) arteriosclerotic heart disease	2 years
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral hemorrhage — 18 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1952, to March 8, 1953, that I last saw the deceased alive on March 7, 1953, and that death occurred at 8:45PM, from the causes and on the date stated above.

SIGNATURE Charles S. Whitaker, M.D. (Degree or title) ADDRESS Clarksville, Md. DATE SIGNED March 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 10, 1953
NAME OF CEMETERY OR CREMATORY Emmanuel Cemetery
LOCATION (City, town, or county) (State) Scaggsville, Md

DATE REC'D BY LOCAL REGISTRAR March 10-53 3-12-53
REGISTRAR'S SIGNATURE E. Pearl Mercer CMC
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

COPY SENT TO LOCAL REGISTRAR No._____ DATE_____

RECEIVED
MAR 12 1953
BUREAU V. S.